

APR 2 1 2010

DEC

(17-19)

AKG 31 5003	015
PERMIT NUMBER	DISHCARGE NUMBER

Division of Water Quality
Wastewater Discharge Program KENAI, AK 99611 FACILITY: EAST FORELANDS

MONITORING PERIOD

LOCATION: 60° 31' 10" N; 151° 20' 31" W

XTO ENERGY, INC

ADDRESS: 52260 WIK RD

NAME:

FROM	YEAR	MONTH	DAY	
FROW	2010	3	1	
	(20-21)	(22-23)	(24-25)	

(2-16)

TO	YEAR	MONTH	DAY
то	2010	3	31
	(26-27)	(28-29)	(30-31)

CHECK HERE IF NO DISCHARGE

		QUANTITY	OR LOADIN	NG (46-	QUALIT	Y OR CON	CENTRATIC	ON	NO EX.	FREQUENCY	SAMPLE TYPE (69-70)
	2.1.121.	53) (54-61)			(38-45)	(46-53)	(54-61)]	OF ANALYSIS	
		Average	Maximum	Units	Minimum	Average	Maximum	Units	(62-63)	(64-68)	
FLOW	Sample Measurement	0.145391129	0.179466	MCD	***	***	***	***	0	Weekly	Estimate
	Permit Requirement	3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	**	WIGD	***	*	***		e de la companya dela companya dela companya dela companya de la companya de la companya de la companya dela company	Weekly	Estimate
	Sample Measurement	***	***	***			1 1	***	0	***	***
	Permit Regulrement		44		No discharge	No discharge	No discharge		***	***	
	Sample Measurement	***	***	***	***	7.42	8.6	mall	0	Weekly	Grab
	Permit Reguirement	ţ	244			29	42	mg/i	***	Weekly	Grab
	Sample Measurement	***	***	***	7.04	***	7.6	CLI	0	Weekly	Grab
	Permit Regulrement		- 1		6.	9	50	***	Weekly	Grab	
	Sample Measurement	***	***	***	***	11.31	11.31		0	Monthly	Grab
	Permit Reguliement		442		***	24	32	mg/i	***	Monthly	Grab
	Sample Measurement	***	***	***	***	11.589	11.589		0	Monthly	Grab
	Permit Requirement		440		***	Report	Report	mg/i	***	Monthly	Grab
	Sample Measurement	***	***	***	5.1	5.1	5.1	ma/l	0	Quarterly	Grab
	Permit Regulrement	610			Report	616.	Report	mg/i	***	Quarterly	Grab
					4141				Tel	ephone	Date (YR/MO/DAY)
supervision in accordant evaluate the information or those persons driectly	ce with a system des a submitted. Based or y responsible for gath	igned to assure that n my inquiry of the penering the information	qualified personerson or person or person or the information.	onnel properly ns who manag ion submitted	gather and ge the system, is, to the best	125	J.		907	776-2510	4/20/2010
	I certify under penalty or supervision in accordan evaluate the information or those persons driectl of my knowledge and be	Measurement Permit Requirement Sample Measurement Requirement Sample Measurement Permit Requirement Permit Requirement Permit Requirement Permit Requirement Permit Requirement Permit Requirement	Measurement Permit Requirement Sample Measurement Permit Requirement Requirement Sample Measurement Permit Requirement Requi	FLOW Sample Measurement Permit Requirement Requirement Sample Measurement Permit Requirement Sample Measurem	FLOW Sample Measurement Permit Requirement Sample Measurement Note Sample Measurement Note Sample Measurement Note Sample Measurement Note Sample No	FLOW Sample Measurement Permit Requirement Sample Measurement Requirement Sample Measurement Requirement Sample Measurement M	FLOW Sample Measurement	FLOW Sample Measurement Pormil Requirement	FLOW Sample Measurement Pormit Requirement	FLOW Sample Measurement Permit Requirement Permit Perm	FLOW Sample

COMMENTS & EXPLANATION OF ANY VIOLATIONS: WET Testing sampling frequency is reduced to once/6 months [Section II.G.6.a - Permit # AKG-31-5000] 1st Period 2010 WET tests were taken on 02/11/10 and were submitted with the February 2010 DMR. WET Test Re-Screening [Section III.A.2.- Permit # AKG-31-5000] was completed in October of 2009 ...no toxicity was observed in any of the species. Additionally, the sampling frequency for Copper, Manganese, Silver, Total Mercury, and Zinc is reduced in frequency from monthly to quarterly [Section II.G.6.a - Permit # AKG-31-5000] 1st Quarter 2010 sample results are shown.

NAME: XTO ENERGY, INC

ADDRESS: 52260 WIK RD

KENAI, AK 99611

FACILITY: EAST FORELANDS

LOCATION: 60° 31' 10" N; 151° 20' 31" W

(2-16)	(17-19)
AKG 31 5003	015
PERMIT NUMBER	DISHCARGE NUMBER

CHECK HERE IF NO DISCHARGE

MONITORING PERIOD

FROM	YEAR	MONTH	DAY
FROM	2010	3	1
	(20-21)	(22-23)	(24-25)

Τ0	YEAR	MONTH	DAY
то	2010	3	31
	(26-27)	(28-29)	(30-31)

PARAMETER			QUANTITY OR LOADING (46- QUALITY OR CONCENTRATION					NO EX.	FREQUENCY	SAMPLE TYPE	(69-70)		
			53) (54-61) Average	Maximum	Units	(38-45) Minimum	(46-53) Average	(54-61) Maximum	Units		OF ANALYSIS		
(32-37)		Control of the Control	Average	Waxiiiaiii		IVIIIIIIII	7 Werage	Waxiiiaiii		(62-63)	(64-68)		
015 - Produced Water		Sample	***	***		***	4.53	4.53		0	Quarterly	Grab	
COPPER		Measurement			***			10000000000000000000000000000000000000	ug/l	F-40-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			
		Permit Requirement		444		500	60	90	_	600	Quarterly	Grab .	
015 - Produced Water		Sample	***	***		***	0.00	0		0	Quarterly	Grab	
MERCURY		Measurement			***		0.00		ug/l		Quarterly	Olab	
		Permit Requirement	***	***		***	0.5	0.8	ug/i	v trò	Quarterly	Grab	
015 - Produced Water		Sample	***	***		***	0.04	0.04		0	Quarterly	Grab	
MANGANESE		Measurement			***		0.04	0.04	ma/l	U	Quarterly	Grab	
		Regultement	244	144		**	7.9	15.8	mg/l	464	Quarterly	Grab	A CONTRACTOR
015 - Produced Water		Sample	***	***		***	0.00	0		0	Quarterly	Grab	
SILVER		Measurement			***		0.00		ug/l		Quarterly	Grab	
		Permit Requirement	4.0			***	46	149	ug/i	***	Quarterly	Grab	
015 - Produced Water		Sample	***	***		***	0.100	0.100		0	Quarterly	Grab	
ZINC		Measurement			***		0.109 0.109 mg/l			Quarterly	Grab		
		Permit Requirement	144	444		**	3.1	6.1	mg/i	eee	Quarterly	Grab	
015 - Produced Water		Sample	***	***		***	< 625	< 625		0	Semi Annual	Grab	
WET - Mytilus galloprovincialis	(invertibrate)	Measurement			***		V 625	\ 625	TUc	U 0	Semi Annuai	Giab	
		Permit Regulrement		4.		***	1209	2425	100	***	Semi Annual	Grab	
NAME TITLE PRINCIPAL													
EXECUTIVE OFFICER	FFICER			Tel	ephone	Date (YR/MO/I	DAY)						
Ryan Tunseth eva	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons driectly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief is true, accurate, and complete. I am aware that there are significant penalties						907	776-2510	4/20/2010				
	submitting false info	rmation, including the	possibility of fine a	nd imprisonmer	t for knowing	violations.		Signature		<u> </u>			

COMMENTS & EXPLANATION OF ANY VIOLATIONS: WET Testing sampling frequency is reduced to once/6 months [Section II.G.6.a - Permit # AKG-31-5000] 1st Period 2010 WET tests were taken on 02/11/10 and were submitted with the February 2010 DMR. WET Test Re-Screening [Section III.A.2.- Permit # AKG-31-5000] was completed in October of 2009 ...no toxicity was observed in any of the species. Additionally, the sampling frequency for Copper, Manganese, Silver, Total Mercury, and Zinc is reduced in frequency from monthly to quarterly [Section II.G.6.a - Permit # AKG-31-5000] 1st Quarter 2010 sample results are shown.

(2-16)

(17-19)

NAME:	XTO ENERGY, INC					
ADDRES	ADDRESS: 52260 WIK RD					
	KENAI, AK 99611					
FACILITY	: PLATFORM A					
LOCATIO	N: 60° 31' 10" N; 151° 20' 31" W					

AKG 31 5012	016
PERMIT NUMBER	DISHCARGE NUMBER

XX CHECK HERE IF NO DISCHARGE

MONITORING PERIOD

FROM	YEAR	MONTH	DAY
FROM	2010	3	1
	(20-21)	(22-23)	(24-25)

то	YEAR	MONTH	DAY
10	2010	3	31
	(26-27)	(28-29)	(30-31)

PARAMETER			QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO EX.	FREQUENCY	SAMPLE TYPE (69-70)
(32-37)			Average	Maximum	Units	Minimum	Average	Maximum	Units	(62-63)	OF ANALYSIS	
o to completion, workever, went realment, test		Sample Measurement	***	***	***	***	***	***	***	***	***	***
fluids		Permit Requirement	***	- 440		646	600	500		844	***	make the second
		Sample Measurement	***	***	***	***	***	***	***	***	***	***
		Permit Requirement	***	***		\$44	494	986		***	344	***
		Sample Measurement	***	***	***	***	***	***	***	***	***	***
		Permit Requirement	686	926			(404)	000		849	664	•
			***	***	***	***	***	***	***	***	***	***
		Pernic Regulariement	(4)	5 44		400	144,17	CLU		***	344	20 (10 M) \$200 m
		Sample Measurement	***	***	***	***	***	***	***	***	***	***
		Remi Regulations	****	9110		***	100	940		***	***	****
		Sample Measurement	***	***	***	***	***	***	***	***	***	***
		Remit Regulation and	444	696		100	***			****	***	AND THE REAL PROPERTY OF THE PARTY.
		Sample Measurement	***	***	***	***	***	***	***	***	***	***
		Permit Requirement	190	***		900	600	654		***	666	
NAME TITLE PRINCIPAL										_		2
EXECUTIVE OFFICER	_									l e	lephone	Date (YR/MO/DAY)
		enalty of law that this document and all attachments were prepared under my provision in accordance with a system designed to assure that qualified personnel										
Duan Tunaath			nce with a system designed to assure that qualified personner formation submitted. Based on my inquiry of the person or or those persons driectly responsible for gathering the information				n or			907 776-2510		4/20/2010
Ryan Tunseth HSE&T Coordinator												
HSE&I Coordinator	the information submitte	ed is, to the best of my	is, to the best of my knowledge and belief is true, accurate, and complete. I									
		are significant penalties for submitting false information, including the possibility								4		
of fine and imprisonment for knowing violations. COMMENTS & EXPLANATION OF ANY VIOLATIONS							Signature		L			
COMMENTS & EXPLANATI	ON OF ANY VIOLAT	IONS										1
1												

XTO ENERGY, INC ADDRESS: 52260 WIK RD KENAI, AK 99611 FACILITY: PLATFORM C

LOCATION: 60° 31' 10" N; 151° 20' 31" W

NAME:

(2-16)	(17-19)
AKG 31 5013	016
PERMIT NUMBER	DISHCARGE NUMBER

CHECK HERE IF NO DISCHARGE XX

MONITORING PERIOD

FROM	YEAR	MONTH	DAY		
FROM	2010	3	1		
	(20-21)	(22-23)	(24-25)		

то	YEAR	MONTH	DAY			
10	2010	3	31			
	(26-27)	(28-29)	(30-31)			

PARAMETER (32-37)			QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO EX.	FREQUENCY	SAMPLE TYPE (69-70)
			Average	Maximum	Units	Minimum	Average	Maximum	Units	(62-63)	OF ANALYSIS	
016 - Completion, workover, well treatment, test		Sample Measurement	***	***	***	***	***	***	***	***	***	***
luids		Permit Regularisment	944	6.00			100,0	949		940	***	process and the contract of the state of the
		Sample Measurement	***	***	***	***	***	***	***	***	***	***
		Permit Regulament	949	***	600	200	CCO	***	***	846	•••	
		Sample Measurement	***	***		***	***	***		***	***	***
			600	C.O.	***	1000		S. C.	***	040	Contract to the same and	***
		Permit Requirement	***	***		***	***	***		***	***	***
		Ram (Realization)	· · · · · · · · · · · · · · · · · · ·	NC.	***	The COL	5.60	i din i	***			ter
		Sample Measurement	***	ROOM STATE OF THE	*** ***	***	***	***	***	***	***	***
		· ·										
		Sample Measurement	- 65			990	(67	****		***	***	
		· ·	***			***	***	***		***	***	***
		Pennit Requirement	988	-		540	494	***		***	***	***
		Sample Measurement	***	***	***	***	***	***	***	***	***	***
		Permit Requirement	666	699		996	464	***		540	444	***
AME TITLE PRINCIPAL XECUTIVE OFFICER	ME TITLE PRINCIPAL										lephone	Date (YR/MO/DAY)
Ryan Tunseth HSE&T Coordinator I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons driectly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. Signature							 -	907 776-2510		4/20/2010		
OMMENTS & EXPLANATI			ns.				7	Signature		1		